Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and FUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Planet, advance orders and notification of maintenance (see will be milled to the current correspondence address and included unless connected below or discreted otherwise in Block 1, by (4) peculing new correspondence address; and follow address; and for local discrete address; and for local discrete address. ADMRSSS* for DAMRSSS* for the property of the property of

40997 7590 12/19/2006 MICHELE ZARINELLI c/o WEST CORPORATION

11808 MIRACLE HILLS DRIVE MSW11 - LEGAL OMAHA, NE 68154

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USFTO (571) 273-2885, on the date indicated below

| Michele Zarinelli (Deposit | | |
|----------------------------|-------------|--|
| /Michele Zarinelli/ | (Signature) | |
| January 4, 2007 | (Date) | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 10/800 781 | 03/24/2004 | Patti I McCalmont | 4380-2-CON | 7027 | |

TITLE OF INVENTION: GEOGRAPHIC ROUTING OF EMERGENCY SERVICE CALL CENTER EMERGENCY CALLS

| SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|---|--|--|--|---|
| NO | \$1400 | \$300 | \$0 | \$1700 | 03/19/2007 |
| INER | ART UNIT | CLASS-SUBCLASS | | | |
| AIAH, MELUR | 2614 | 379-045000 | 7 | · | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form FT0G8/12) stackhol. "Fee Address" indication (or "Fee Address" indication form FT0G8/47; Kev 03-02 or more recent) attached. Use of a Customer Number is required. | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | era 2 | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pastes. If an assignee is identified below, the document has been filed for recordation are for from in 37 CFR 3.11. Completion of this form in NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| | NO INER IAIAH, MELUR conce address or indication ondence address (or Chr. 87122) attached. Ication (or "Fee Address 22 or more recent) attacl ND RESIDENCE DAT. is an assignee is identi in in 37 GFR 3.11. Com | NO \$1400 INER ART UNIT IAIAH, MELUR 2614 mene address or indication of "Fee Address" (37 conduces address (or Change of Correspondence 07122) statched. Ication (or "Fee Address" indication form 22 or more recently allached. Use of a Cossomer ND RESIDENCE DATA TO BE PRINTED ON loss an assignee is identified below, no assignee in a 70 FER 3.11. Completion of this form | NO \$1400 \$300 INER ART UNIT CLASS-SUBCLASS IAIAH, MELUR 2614 379-045000 Incene address or indication of "Fee Address" (37 or agents OR, alternate of 1912) statched. Ication (or "Fee Address" Indication form the common of a single patients of 1912) attached. Ication (or "Fee Address" Indication form the common of a single patients of 1912) attached. Ication (or "Fee Address" Indication form the common of a single patients of attached to the or agents OR, alternate or agents of the common of a single patients of attached to the order of a single patients of attached to the common of a single patients of attached to the common of a single patients of attached to the common of a single patients of attached to the common of a single patients of attached to the common of a single patients of a single patient of a s | NO \$1400 \$300 \$0 INER ART UNIT CLASS-SUBCLASS IAIAH, MELUR 2614 379-045000 Time address or indication of "Fee Address" (37 or agents OR, alternatively, common of agents of the printed page, list (1) the amount of agents OR, alternatively, (2) de amount of agents OR, alternatively, (2) de amount of a single firm divided to the of a Counter of the | NO \$1400 \$300 \$0 \$1700 INER ART UNIT CLASS-SUBCLASS 179-045000 The Address or Indication of "Fee Address" (37 200 and one of the angest of |

Intrado Inc.

Longmont, Colorado

- Please check the appropriate assignee category or categories (will not be printed on the patient): 🔲 Individual 🕍 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Sissue Fee A check is enclosed. ☑ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (1) (enclose an extra copy of this form). Advance Order - # of Copies __ 5. Change in Entity Status (from status indicated above)

a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

| Authorized Signature /Michael B. Johannesen/ | Date January 4, 2007 |
|--|-------------------------|
| Typed or printed name Michael B. Johannesen | Registration No. 35,557 |

This collection of information is required by 37 CPR 2.311. The information is required to obtain or retain a benefit by the public which is to file food by the USPTO to precise an application. Confidenting its general by \$1.55.C. 120 and \$7.5FR. 14.1 This collection is estimated to be 12 Primises to complete, including programs, and submitting the completed applications from the to USPTO. Time will very depending upon the individual case. Any comments on the amount of time year require to complete from another applications for reducing this bursele, should be sent to the Chief Indianation Officer, US. Per stream for Technique (Office, US, Despurations, Confidence, P.O., Box 145), Alexandria, Virginia 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2213-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.